

## VICTIM INFORMATION/IMPACT STATEMENT

In order for this office to provide more efficient services to victims, we would request that you complete the information below and return it to us within 7 days after receipt. You may be asked at a later date to provide similar information to the Department of Probation and Parole. Your assistance in all of these requests is very important.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

What is the best number to contact you during business hours? \_\_\_\_\_

Was there any property taken? If so, list its value.

Item	Value	Item	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Was there damage to property? If so, list the cost to repair. These items should not be listed above.

Item	Value	Item	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Were there any injuries? (Please Describe) \_\_\_\_\_

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Did you have any medical expenses? If so, list the cost of the medical treatment.

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**Please attach copies of any written bills, receipts, estimates, etc.**

### **INSURANCE INFORMATION**

Please provide the name, address and telephone for your health or property insurance agency; the amount of any claim made; and any insurance payments you have received.

Who is your Insurance Company?: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please Describe the Damage to Your Vehicle: \_\_\_\_\_

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Amount of Claim Made: \$ \_\_\_\_\_

Amount of all Payments Received by you to date (Please Describe) \$ \_\_\_\_\_

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Amount of out-of-pocket expenses after all payments \$ \_\_\_\_\_

**(Please attach copies of any and all written bills, receipts, estimates, etc.)**

Miscellaneous Information: \_\_\_\_\_

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